

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **20451**

FILED JUL 9 1957

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3013</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 3918	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA. CAMERON COMMUNITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>7501 MAIN K.C. MO</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ruth</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Reitz</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>29</u>		(Year) <u>57</u>	
5. SEX <u>f</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 12-1901</u>		9. AGE (In years last birthday) <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CANTON, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John S. McMillan</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Ketcham</u>		14. NAME OF HUSBAND OR WIFE <u>Dean E Reitz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dean E Reitz</u> ADDRESS <u>Kansas City, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fr. Cervical Spine</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushing Injury to Chest</u> DUE TO (c) <u>With multiple Fr of Ribs</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Posteriorly on left side.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Puncture wound of left leg</u>		20. AUTOPSY? <u>Yes</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 36 East Cameron, Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caldwell MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 24 57 10</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident Highway 36 East of Cameron, Mo</u>			
22. I hereby certify that I attended the deceased from <u>6-29</u> , 19 <u>57</u> , to <u>6-29</u> , 19 <u>57</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Jones</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Cameron, Mo</u>		23c. DATE SIGNED <u>7-1-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 1-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-1-31</u>		REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

536

JUL 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Robert F. Polond

Licensed Embalmer No. 4777

P. O. Address 222 West Common St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.